

MaineCare's School- Based Services Audit Checklist: Questions and Answers

Individual Treatment Plan

Q) Section 4a: What diagnosis information should be identified under the “diagnosis and reason for receiving service” section?

A) The provider must include the ICD-9 diagnosis code, ICD-9 description and Axis descriptions. See below for a definition of the DSM.

*65.02-17 **Diagnostic and Statistical Manual of Mental Health Disorders (DSM)** is the most current version published by the American Psychiatric Association. The manual is used to classify mental health diagnoses and provide standard categories for definition of mental health disorders grouped in five axes.*

Q) Who can diagnose for medical services vs. behavioral health services?

A) The following list includes the Office of MaineCare Services interpretation of which providers may prescribe medical services (please see note below for more information): Licensed physician, Advanced Practice Registered Nurse, Physician's Assistant (PA) working under a Physician, Nurse Practitioner (NP) independent, NP working under Physician, Chiropractor (only for services within their field), more information about professionals who are allowed to order/refer for services will be forthcoming from the Department.

The following providers may prescribe Behavioral health services: Licensed Physician, APRN, PA working under a physician, NP Independent, NP working under physician, Licensed Psychiatrist, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Counselor, Licensed Master Social Worker, Licensed Alcohol and Drug Counselor (can only diagnose non-substance abuse related disorders if they are co-occurring certified).

** Scope of Practice is defined by the licensing board for each licensed practitioner listed above. Please refer to the scope of practice act prior to making any final determinations about who may diagnose.*

Q) Can you define practice methods of services in section 4(d)(iv) of this checklist?

A) In this section you should describe the service that is being performed. For example, Applied Behavioral Analysis (ABA) would be a mode for providing behavioral health interventions for a qualified child diagnosed on the autism spectrum.

Q) Who is required to sign, date and credential the ITP as required by section 4g of this checklist?

A) All participants must sign, date and credential the ITP. That includes, the member (if possible) and/ or guardian, direct provider of the service-also known as “rendering provider” (i.e. BHP) and if the rendering provider is not authorized to order/refer for services within the scope of their practice than the licensed professional responsible for the oversight of the rendering provider who is also allowed to order/refer for services within the scope of practice and (if applicable) and any other individuals participating in the team meeting.

Comprehensive Assessment

Q) Can you please define “face-to-face encounter” for the purposes of Section 2?

A) This is an in-person encounter that occur within the approved setting where the service is being provided.

Q) What is the difference between “history” (4b) and “family history” (4f).

A) 4b-History-All historical information related to the member, including environmental factors, information about past treatments etc.

4f-Family History-Information specific to concerns regarding incidence of mental health, developmental disabilities, substance abuse and domestic violence and trauma within the child’s family.

Q) Section 5 includes questions about “members with substance abuse”. If the member does not have substance abuse what should the provider write in this section?

A) If the member does not have current or historical substance abuse the provider may answer this question as not applicable, no information available at this time etc.

Q) Can you please explain what is meant by “DO 0-3” referenced in section 9?

A) Pursuant to the MaineCare Benefits Manual:

*Section 65.02-16 **Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood:** (also known as DC 0-3), formulates categories for the classification of mental health and development disorders manifested early in life. The DC: 0-3 is published by Zero To Three: National Center for Infants, Toddlers and Families.*

Q) Can you please define “any other instrument approved by DHHS”.

A) A provider can request a review of a tool that is not currently included in rule to Lindsey Tweed, MD, Office of Child and Family services.

Q) Section 4d identifies several “domains” that must be included in the comprehensive assessment. Is there a specific form that providers must follow? For example, should providers use a checklist form?

A: The provider should provide a narrative description of the member’s current status and needs within each of the areas as listed on the checklist.

Q) Also in regards to section 4d, what should be written if the child does not have needs in one or several of the areas?

A: If the member does not have any needs in a particular area, the provider may answer as not applicable or provide further description if necessary.

Q) Could you please define “ASAM” mentioned in section 5g of this checklist?

A) Pursuant to the MaineCare Benefits Manual:

*65.02-1: “**American Society of Addiction Medicine Criteria (ASAM)** is level of care criteria establishing what services are medically necessary for a member. Members must meet Level 0.5 or Level I for individual, family or group Outpatient services. Members must meet Level II.1 or II.5 for Intensive Outpatient Services. ASAM Criteria is available at www.asam.org.”*

Progress Notes

Q) Do all providers (including providers serving children in a school based setting) need to include 3, 4,5 since they are not applicable to schools. Or at least identify it as N/A.

A) Yes, all sections need to be included. However, if the child does not have needs in that area it is appropriate to answer as not applicable.

Crisis/Safety and Discharge Plans

Q) Is it mandatory that a crisis/safety plan is create for all students receiving Section 28 services? Section 28 states that a crisis/safety plan should be create “as applicable”.

A: As part of the treatment plan potential triggers would be identified. The clinician would answer appropriately based on their evaluation. If there are triggers identified then a plan must be developed to identify the strategies and techniques to be utilized to assist the member experiencing a crisis and stabilize the situation.

Q) Is the discharge plan listed under this section of the checklist separate from what is included in the ITP section of this checklist?

A- The Discharge Plan included under the Crisis-Safety plan page of this checklist, discharge criteria section identified as 4e of the ITP page of this checklist are referring to the same thing. Therefore, only one discharge plan is required as part of the ITP.

In addition, a closing summary is required at the time of discharge. This will include a summary of the treatment, to include any after care or support services recommended and outcome in relation to the ITP.